



Central Naugatuck Valley
HELP, Inc.

Employment Application

Contact Information

Last Name

First Name

Middle Name

Address Street Name and
Number

City

State

Zip
Code

Primary Phone Number

Alt. Phone Number

E-mail

Which position are you applying for?

Date of Application

How did you learn about us?

Details

Advertisement

Employment Agency

Relative

Friend

Inquiry

Other

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes

No

Have you ever filed an application with us before?

If yes, provide date:

Yes

No

Have you ever been employed with us before?

If yes, provide date:

Yes

No

Do any of your friends or relatives work here?

Yes

No

Are you currently employed

Yes No

If yes, may we contact your current employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (*Proof of citizenship or Immigration Status will be required upon employment*)

Yes No

Date available for work

What is your desired salary range?

Are you available to work:

Full-time

Part-time

Shift

1st Shift/ Morning

2nd Shift/ Afternoon

3rd Shift/ Evening

Are you interested in per diem work?

Yes No

What days are you available to work?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the requirements of the job for which you are applying, either with or without a reasonable accommodation?

Yes No

Education

Graduate/ Professional - Name of School

Years
Completed?

Course of Study?

Diploma/ Degree

Address Street Name and Number City State Zip Code

Undergraduate College - Name of School Years Completed?

Course of Study? Diploma/ Degree

Address Street Name and Number City State Zip Code

High School - Name of School Years Completed?

Course of Study? Diploma/ Degree

Address Street Name and Number City State Zip Code

Other - Name of School Years Completed?

Course of Study? Diploma/ Degree

Address Street Name and Number City State Zip Code

Employment History

Employer Name Start Date End Date

Job Title Supervisor Starting Pay Final Pay

Work Performed Reason for Leaving

Address Street Name and Number City State Zip Code Phone Number

Employer Name Start Date End Date

Job Title Supervisor Starting Pay Final Pay

Work Performed Reason for Leaving

Address Street Name and Number City State Zip Code Phone Number

Employer Name Start Date End Date

Job Title Supervisor Starting Pay Final Pay

Work Performed Reason for Leaving

Address Street Name and Number City State Zip Code Phone Number

Additional Information (Do Not Leave Any of the Fields Blank)

Summarize Special Job-related Skills, Training, Experience, and Qualifications

Specialized Skills/ Experience

PC/ Mac

Microsoft Office

Email

List Professional, Trade, Business, or Civic Activities or Offices Held

State Any Additional Information You Feel May Be Helpful to Us in Considering Your Application

Applicant's Statement

I certify that answers provided herein are accurate and complete.

Yes

No

I authorize investigation of statements contained in this application for employment, understanding that this information may be necessary for employment decisions.

Yes

No

I understand that this application for employment shall be considered active for 90 days. Any applicant that would like to be considered for employment beyond this time needs to resubmit an employment application.

Yes

No

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this agency is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.

Yes

No

In the event of employment, I understand that false or misleading information provided in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the Employer.

Yes

No

If selected for an interview, I acknowledge that I will provide a completed and hand signed copy of the "Disclosure and Authorization for the Release of Information" and the "References" forms, both of which can be downloaded from the agency's website.

Yes No

I understand that my typewritten name below, with no signature on the line itself, is considered a signature.

Yes No

Signature (Typed)

Date

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability sexual identity, citizenship status, genetic information or any other legally protected status.

For HR Department Use Only

Arrange Interview

Yes No

Remarks

Interviewer

Date

Employed

Date of Employment

Department

Yes No

Job Title

Hourly Rate/ Salary

Name and Title

Date